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	Page 1 of G
UNITED STATES HOUSE OF REPRESENTATIVES 2018 FINANCIAL DISCLOSURE STATEMENT	For Use by Members, Officers, and Employees 2019 MAY 15 AH 10: 13
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Name: Mike I hompson	penalty shall b lal who files m
FILER STATUS Member of the U.S. State:	Officer or Employing Office: Staff Filer Type: (If Applicable) Employee Shared Principal Assistant
REPORT 2018 Annual (Due: May 15, 2019)	Amendment Termination Date of Termination:
PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS	ESE QUESTIONS
A. Did you, your spouse, or your dependent child: a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? or b. Receive more than \$200 in unearmed income from any reportable asset during the reporting period?	Yes No F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar Yes No year up through the date of filing?
ident child purchase, sell, or eal estate in a transaction period?	Yes No G. Did you, your spouse, or your dependent child receive any reportable gift(s) totaling more than \$390 in value from a single source during the reporting period?
C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period?	Yes No H. Did you, your spouse, or your dependent child receive any reportable travel or reimbursements for travel totaling more than \$390 in value from a single source during the reporting period?
D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period?	Yes No l. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article during the reporting period?
E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	Yes No ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"
IPO AND EXCLUSION OF SPOUSE, DEPENDENT,	, OR TRUST INFORMATION - ANSWER EACH OF THESE QUESTIONS
IPO – Did you purchase any shares that were allocated as a part of an Initial Public Offering during the reporting period? contact the Committee on Ethics for further guidance.	l Public Offering during the reporting period? If you answered "yes" to this question, please
TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics from this report details of such a trust that benefits you, your spouse, or dependent child?	endent child? Yes No V
EXEMPTION – Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or your detail three tests for exemption? Do not answer 'yes' unless you have first consulted with the Committee on Ethics.	ned" income, transactions, or liabilities of a spouse or your dependent child because they meet Yes No No

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: Mike Thompson

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Street, St. Herry	M85/1439 Keanney		First Republic Bank	Bank of America	ABC Hedge Fund X	Examples: Simon & Schuster	SP Mega Corp. Stock EJF	For a detailed discussion of Schedule A requirements please refer to the instruction booklet.	If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (CC), or jointly held with anyone (JT), in the optional column on the far left.	If you report a privately-traded fund that is an Excepted investment Fund, please check the "EIF" box.	Exclude: Your personal residence, including second homes and vacation homes (unless there was real income during the reporting period); and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan.	For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A.	For rental and other real property held for investment, provide a complete address or description, e.g., "rental property," and a city and state.	For bank and other cash accounts, total the amount in all interest-bearing accounts. If the total is over \$5,000, list every financial institution where there is more than \$1,000 in interest-bearing accounts.	the account that exceeds the reporting thresholds.	(do not use only acker symbols). For all IRAs and other retirement plans (such as	Provide complete names of stocks and mutual funds	and (b) any other reportable asset or source of income that generated more than \$200 in "uneamed" income during the year.	Identify (a) each asset held for investment or production of income and with a fair market value exceeding \$1,000 at the end of the reporting period.	Assets and/or Income Sources	BLOCK A
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SCHEDULE B - TRANSACTIONS

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												Adventist Health Gre Re	PIMO Total Return	to vontist Health Gire	Mega Corp. Stock	Asset	Capital Gains: If a sales transaction resulted in a capital gain in excess of \$200, check the "capital gains" box, unless it was an asset in a tax-deferred account, and disclose the capital gain income on Schedule A. *Column K is for assets solely held by your spouse or dependent child.	Exclude transactions between you, your spouse, or deprinters or use the purchase or sale of your personal residence, unless it generated rential income. If purchase or partial sale as the type of only a portion of an asset is sold, please choose "partial sale" as the type of transaction	security or real property held by you, your spouse, or your streem or the production of income. Include transactions that s. Provide a brief description of an exchange transaction.	Report any purchase, sale, or exchange transactions that exceeded \$1,000 in the
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SCHEDULE C - EARNED INCOME

Name: Mike Thompson Page 7 or 9

the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000. See examples below. EXCLUBE: Military pay (such as National Guard or Reserve pay) federal retirement programs, and henefits received under the Social S.		ecurity Act
INCOME LINITS and PROHIBITED INCOME: The 2018 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$28,050. The 2019 limit is \$28,440. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited.	ne obtain Security Act. sated at or above the "senior staff" rate was tary relationship) are totally prohibited.	\$28,050. The 2019 limit is \$28,440.
Source (include date of receipt for honoraria)	Туре	Amount
Keene State	Approved Teaching Fee	\$18,000
EXAMPIES: Civil War Roundtable (Oct. 2) Ontario County Board of Education	Spouse Speech Spouse Salary	\$1,000 N/A
St. Helena Hospital	Spors Salara	A/N
	-	

SCHEDULE D - LIABILITIES

Name: Mike Thompson Page & of 9

Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting period. Members: Members are required to report all liabilities secured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence (unless you rent it out or are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities over the child, parent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of the reporting period exceeded \$10,000. *Column K is for liabilities held solely by your spouse or dependent child.

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Cinci Bank of Milmington DE	Creditor			Column v is for liabilities field solely by your spouse or dependent crima.
7/40	Date Liability Incurred MO/YR			den in aspods
Mortgage on Rental Property, Dover, DE	Type of Liability			ellogin cilia.
	\$10,001- \$15,000	>		
_	\$15,001- \$50,000	8		
	\$50,001- \$100,000	င		
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	\$250,001- \$500,000	m	Amount of Liability	
	\$500,001- \$1,000,000	71	₹ of Li	
	\$1,000,001- \$5,000,000	G	ability	
	\$5,000,001- \$25,000,000	I		
	\$25,000,001- \$50,000,000	_		
	Over \$50,000,000	٢.		
	Over \$1,000,000* (Spouse/DC Liability)	*		

SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, held during the current or prior calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature.

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			Name of Organization	Costobio Held III dily Tenginda, Social, Hacertai, or political entered political political entered by the political entered and contribution of p

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				NOTE
			threshold	Asset was initially purchased for less than the Reporting